



CITY OF SALEM, VIRGINIA

## ADMISSIONS TAX

### MONTHLY REPORT OF COLLECTION AND REMITTANCE

(Pursuant to City of Salem Code Section 82-206 through 82-218)

REPORTING PERIOD: \_\_\_\_\_ 20\_\_\_\_  
(MONTH/YEAR)

Tax payments and reports are due on or before the 30th day  
of the calendar month following the month being reported

Business/Organization Name: \_\_\_\_\_ Federal ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Description of Business/Event \_\_\_\_\_ Date of Event: \_\_\_\_\_  
(If applicable)

<b>Number of Persons Admitted:</b>	
<b>Amount of Admission Charges Collected:</b>	\$
<b>Admission Tax Collected and Due to the City:</b> (7% of the admission charge collected)	\$
Penalty (10% of the tax amount due) Penalty to be added to the tax if the tax is not remitted to the City by the tax due date	\$
Interest(10% per annum of the tax and penalty) Interest will accrue from the tax due until paid in full.	\$
<b>TOTAL TAX DUE:</b>	\$

The undersigned applicant declares that the figures and information contained in this report are true, complete, and correct to the best of his/her knowledge.

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make check payable to the "City of Salem" and return to:  
Commissioner of the Revenue  
P O Box 869  
Salem, VA 24153